

|   |   |           |              |
|---|---|-----------|--------------|
| DATE:   | 5/13/04   |           |              |
| TO:   | City Clerk  |           |              |
| FROM:   | Representative Robert A. Cushing, Jr., District 2 |           |              |
| ADDRESS   | #2 Civic Center Plaza, 10 <sup>th</sup> Floor     | TELEPHONE | 915-541-4996 |
| Please place the following item on the (Check one):    CONSENT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/>               |   |           |              |
| Agenda for the Council Meeting of    5/18/04  |   |           |              |
| Item should read as follows:    Appointment of Pat Monardez to the Art Museum Advisory Board by Representative Robert A. Cushing, Jr., District 2 |   |           |              |
| SPECIAL INSTRUCTIONS:   |   |           |              |
| Item No.  |   |           |              |

BOARD COMMITTEE/COMMISSION APPOINTMENT/REAPPOINTMENT FORM

|   |   |           |   |
|---|---|-----------|---|
| NAME OF BOARD/COMMITTEE/COMMISSION:   | Art Museum Advisory Board   |           |   |
| NOMINATED BY:   | Representative Robert A. Cushing, Jr.                                   | DISTRICT: | 2 |
| NAME OF APPOINTEE   | Pat Monardez<br><small>(Please verify correct spelling of name)</small> |           |   |
| BUSINESS ADDRESS:   |   |           |   |
| CITY:   |   | ST:       |   |
|   |   | ZIP:      |   |
|   |   | PHONE:    |   |
| HOME ADDRESS:   |   |           |   |
| CITY:   |   | ST:       |   |
|   |   | ZIP:      |   |
|   |   | PHONE:    |   |
| WHO WAS THE LAST PERSON TO HAVE HELD THIS POSITION BEFORE IT BECAME VACANT? |   |           |   |
| Rebecca Rhodes  |   |           |   |

|   |                       |                                     |
|---|-----------------------|-------------------------------------|
| REASON PERSON IS NO LONGER IN OFFICE (CHECK ONE): | TERM EXPIRED:         | <input checked="" type="checkbox"/> |
|   | RESIGNED              | <input type="checkbox"/>            |
|   | REMOVED               | <input type="checkbox"/>            |
|   | OTHER (SPECIFY):      |                                     |
| EXPIRATION DATE OF INCUMBENT:                     | 03/04                 |                                     |
| EXPIRATION DATE OF NEW APPOINTEE:                 | 03/06                 |                                     |
| PLEASE CHECK ONE OF THE FOLLOWING:                | 1 <sup>st</sup> TERM: | <input checked="" type="checkbox"/> |
|   | 2 <sup>nd</sup> TERM  | <input type="checkbox"/>            |
|   | UNEXPIRED TERM:       | <input type="checkbox"/>            |
|   | OTHER                 | <input type="checkbox"/>            |